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TITLE: FLEXIBLE NECK TOOTHBRUSH
SERIAL NO.: 10/721,635

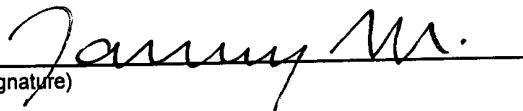


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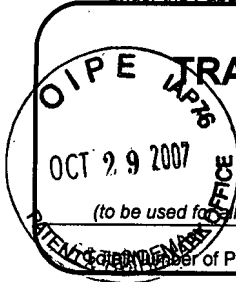

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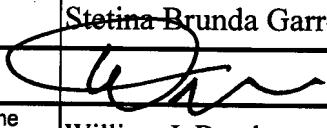
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2. Transmittal (1 page);
3. Response to Notice to File Corrected Applications Papers of October 18, 2007 (3 pages); and
4. Exhibit A: Replacement Sheet Drawing (2 pages); and
5. Self-Addressed Return Postcard.

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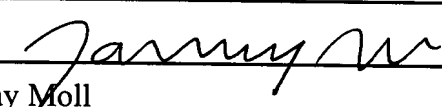
	TRANSMITTAL FORM	
	Application Number	10/721,635
	Filing Date	November 25, 2003
	First Named Inventor	Edwards, Steven J.
	Art Unit	1744
	Examiner Name	Redding, David A.
Number of Pages in This Submission		Attorney Docket Number FITMO-002A

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) Replacement Sheet <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing; Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stetina Brunda Garred & Brucker		
Signature			
Printed name	William J. Brucker		
Date	10/26/07	Reg. No.	35,462

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Typed or printed name	Tammy Moll	Date	10/26/07

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